OR

OR

TOTAL

ADD'L FEE

U	nder the Paperwe	ork Reduction Act	of 1995, n	o persons are rec	uired to respond	to a collection	on of inf	omation unle	ss it displi	Bys a valid OMB	control numi		
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number 10051501			
		CLAIMS A	S FILED		Column 2)	SI	MALL E	ENTITY	OR		R THAN ENTITY		
	FOR	NUM	NUMBER FILED NUMBER EXTRA RATE FEE RATE				RATE	FEE					
	SIC FEE CFR 1.16(a))			. ——				s	OR		s		
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 = .			x \$	=		OR	× \$ =			
NDEPENDENT CLAIMS 37 CFR 1.16(b))		MS	minus 3 = ·			× s			OR	x \$ =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ 5			OR	+5 =			
					_				1				
' II I	the difference in a	column 1 is less th	nan zero, e	nter "0" in column	1 2.	TO	TAL		OR	TOTAL			
	С	LAIMS AS AM	MENDED	- PART II									
	(Column 1) (Column 2)			(Column 3)	SM	SMALL ENTITY				R THAN ENTITY			
ALV		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total (37 CFR 1.16(c))	34	Minus	"34	=	× s		166	OR	x \$ =	_ FEE		
	Independent (37 CFR 1.16(b))	. 5	Minus	" 5	=	x s			OR	x \$ · =			
ξ		ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	ER 1 16(d))								
	Timorricozini	THOUSE MOETH				+ \$ TOTAL	=		OR	+ \$ = TOTAL			
						ADD'L	FEE		OR	ADD'L FEE			
_		(Column 1)		(Column 2)	(Column 3)					r			
S IN		CLAIMS REMAINING AFTER AMENDMENT		'HIGHEST NUMBER PREVIOUSLY PAID FOR	. PRESENT EXTRA	RAT	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NUME	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$	_ =		OR	x s =			
	Independent (37 CFR 1.16(b))		Minus	•••	=	x s	=		OR	x \$=			
AME	FIRST PRESENTA	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	FR 1.16(d))	+ \$	=		OR	+ \$ =			
						TOTAL ADD'L			OR	TOTAL ADD'L FEE			
		(Calumn 4)		10.1 0)	(0.1	NOD E	[Oit	7,000,000	7-9-		
П		(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	Γ	1				·····		
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	•	Minus	4.	=	× \$	=		OR	× \$=			
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x \$	_=		OR	x \$=			
?	FIRST PRESENTA	ATION OF MULTIPLE	E DEPENDE	NT CLAIM (37 CF	FR 1.16(d))	+ .			OR	+ , -			

TOTAL

ADD'L FEE

[•] If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.





PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

MOT-02714

Claims as filed - part i								SMALL ENTITY			OTHER THAN		
		γ	(Column	(Column 1)		(Column 2)		TYPE		OR SMALLER		PTITM	
TC	TAL CLAIMS		<u>'</u> 4					RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	TAL CHARGEA	BLE CLAIMS	4 minus 20=		* 0			X\$ 9=		OR	X\$18=	0	
IND	EPENDENT CL	AIMS	3 minus 3 =		* 0			X42=		OR	X84=	U	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2	t	TOTAL		OR	TOTAL	740.00	
	C	LAIMS AS A (Column 1)	MENDED		RT II mn 2)	(Column 3)		SMALL ENTITY			OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOM	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AWE	Independent	*	Minus ***		T OL A184	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JUI IPLE DEF	ENDEN	CLAIM			+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
EQ.	Total	th.	Minus	##		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	-	=		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					إ	+140=		OR	+280=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3)		ADDIT: 7 LL			ADDITITEE		
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S Q	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=		
ARKE	Independent	#	Minus	***	17 OL A11	-		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=		
*	If the entry in colu	ımn 1 is less than t	he entry in colu	ımn 2, wri	ite "0" in co	olumn 3.) "	TOTAL		OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													